CHILDHOOD IMMUNIZATION INCENTIVES ORDER FORM

PLEASE CHECK THE AMOUNTS YOUR CLINICWILL USE AND FAX THIS FORM TO THE IMMUNIZATION PROGRAM AT 605-773-4113

Clinic Name:	Provider #	
Address:		
South Dakota Department of Health Im Boxed set of four non-toxic color crayo Snack cups:	-	50 100 50 100 5 10
CHILDHOOD IMMUNI	ZATION INCENTIVES OR	DER FORM
PLEASE CHECK THE AMOU THE IMMUNIZATION PROG	NTS YOUR CLINICWILL USE RAM AT 605-773-4113	AND FAX THIS FORM TO
Clinic Name:	Provider #	
Address:		
South Dakota Department of Health Im	nmunization Program coloring books:	50 100
Boxed set of four non-toxic color crave	ons:	50 100

5____ 10____

Snack cups: